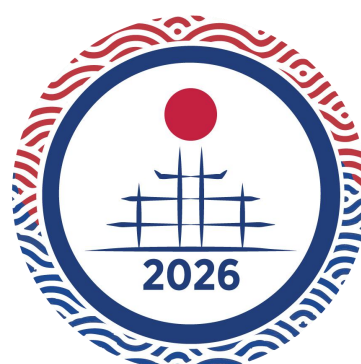




P2.18: Etoposide plus bemosubezumab followed by bemosubezumab plus anlotinib in first-line treatment of elderly ES-sclc patients.

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INTRODUCTION

This is a prospective, single-arm clinical study to evaluate the efficacy and safety of etoposide in combination with bemosubezumab and sequential Benmelstobart in combination with Anlotinib as first-line treatment for elderly patients with extensive small-cell lung cancer.

METHODS

Participants who met the inclusion criteria were selected to enter the study and received etoposide combined with Benmelstobart followed by bemosubezumab combined with Anlotinib. The primary endpoint was PFS (Progression-free Survival), the secondary endpoint was OS (Overall Survival) and safety (CTCAE 5.0), and the exploratory endpoint was the screening of various potential molecular markers.

Basic Characteristics

		Number(N=5)	Proportion(%)
Gender	Male	4	80
	Female	1	20
Age	70-75	1	20
	75-85	4	80
ECOG PS	0	0	0
	1	4	80
	2	1	20
Metastasis	Bone	1	20
	Brain	0	0
	Others	5	100
Number of metastasis	≤2	3	60
	>2	2	40
	NE	0	0

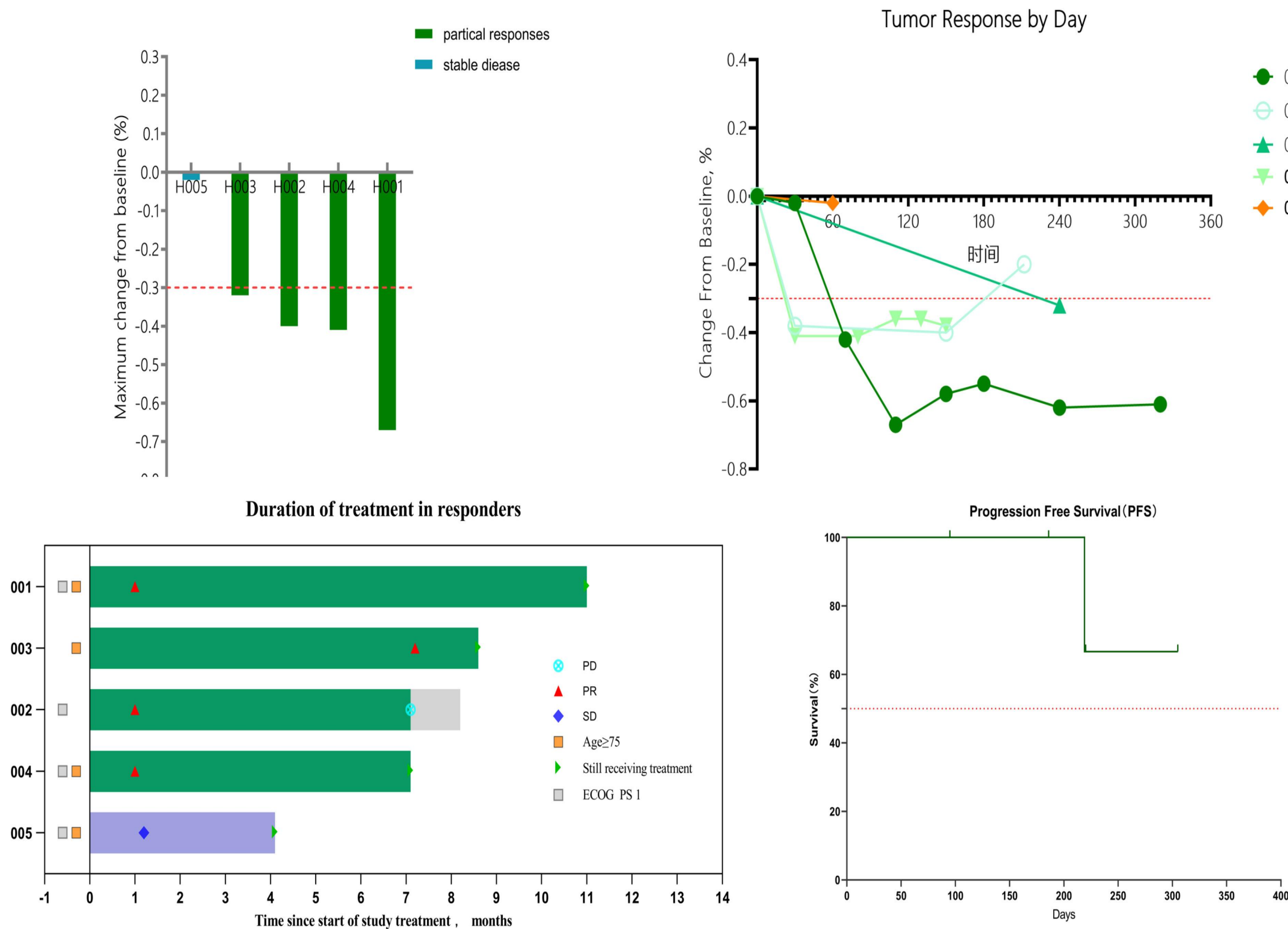
1. ES-SCLC
2. 70-85years old
3. PS: 0-2分
4. Absence of symptomatic brain metastases

etoposide 100mg/m² D1-3 +
bemosubezumab 1200mg D1;
4-6 cycles

Anlotinib10mg D1-14/21+
bemosubezumab1200mg D1

Primary endpoint: PFS
Second endpoints: ORR, DCR, OS and safty

Results



Results

As of February 10, 2026, 5 eligible patients with advanced small cell lung cancer were enrolled, and all 5 patients were evaluable for efficacy. Median progression-free survival was not reached (calculated with 30.4 days per month). The objective response rate was 80% (4/5), and the disease control rate was 100% (5/5).

DISCUSSION AND CONCLUSION

- In real-world clinical practice, the management of elderly patients with extensive-stage small cell lung cancer (SCLC) is more complicated, and strategies to achieve optimal therapeutic efficacy remain to be explored.
- Clinicians frequently encounter a clinical challenge: how to identify the optimal first-line treatment for elderly extensive-stage SCLC patients with poor performance status (PS) and high tumor burden to achieve prolonged progression-free survival (PFS).
- Against this background, this study investigated the "immunotherapy plus anti-angiogenic" strategy, adopting a sequential triple-drug regimen as first-line treatment for elderly patients with extensive-stage SCLC. The objective response rate (ORR) reached 80% and the disease control rate (DCR) was 100%. Tumor lesions shrank in all enrolled patients. Moreover, this regimen exhibited improved safety and enabled better quality of life for patients.
- This study provides evidence-based references for adaptive treatment in this patient population, supporting treatment strategies that reduce toxicities without compromising anti-tumor efficacy.